

## PETTY CASH VOUCHER

DATE:		AMOUNT: \$	
PURPOSE:			
PROJECT # TASK # EXPENDITURE ORGANIZA	TION		
REQUESTOR INFORMATION (F	PLEASE PRINT)		
NAME OF THE PERSON	ID NUMBER	MAIL STATION-PHONE NUMBER	
SIGNATURE OF PERSON RECEIVING CASH REIMBURSEMENT-PLEASE PRESENT FERMILAB I.D. CARD		ID NUMBER (if different from above)	
APPROVER INFORMATION (MU	JST HAVE SIGNATI	URE AUTHORITY ON PROJECT / TASK)	
SIGNATURE OF THE APPROVER	ID NUMBER	MAIL STATION-PHONE NUMBER	
ADDITIONAL APPROVER INFO	RMATION		
PROCUREMENT APPROVAL (SEE POLICY #3)		ACCOUNTING VERIFICATION	

## PETTY CASH REIMBURSEMENT POLICIES

- 1) Supporting documentation (receipt, etc.) must be attached to allow reimbursement.
- 2) Items that are restricted on short orders or ProCard can not be reimbursed through petty cash.
- 3) Requests for materials or supplies reimbursement in excess of \$50 requires the prior approval of the Procurement Department.